Reimbursement/Payment Request

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☐ CO ☐ MT ☐ ND ☐ SD ☐ UT ☐ W

Check One:
- ☐ **Advance Request**
- ☑ **Reimbursement Request**
- ☐ **Payment to Third Party** ***(Attach vendor invoice when available)***

Requestor Name: _____

Check Payable to: _____

Address: _____

_____

_____

E-Mail Address: _____

Itemized Description of Expenditure

Note: Attach original receipts or vendor invoice for all expenses

Description/Purpose of Expenditure	Date Incurred	Account Code	Amount
Total Costs $			$ 0.00
Reimbursement/Payment Requested $			
Donation in Lieu of Reimbursement $			$ 0.00

CERTIFICATION: I hereby certify that the information on this payment request voucher is accurate to the best of my knowledge; that expenses incurred during travel complies with the ASPIRE Travel Policy; and finally, that these expenses have been submitted only to ASPIRE for reimbursement or payment consideration.

Signature: _____ **Date:** _____

APPROVED BY

State President: _____ Date: _____

ASPIRE State Treasurer: _____ Date: _____

ASPIRE Regional Treasurer: _____ Date: _____

Mail To:
John Shafer
Student Support Services
Southern Utah University
351 W. University Blvd.
Cedar City, UT 84720
shafer@suu.edu

Please Note: *For auditing purposes, all state reimbursement requests must be signed by the appropriate state officers and a copy must be sent to Kathryn Hamilton.*

khamilton@cpalaramie.com
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Laramie, WY 82072
Fax: 307-745-7292